

U S Department of Labor
Office of Labor Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 435 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>029-328</u> <u>3013</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>02</u> Through <u>01</u> / <u>01</u> / <u>03</u>
3 Name and address of person filing Name <u>PAUL A. [REDACTED]</u> P O Box Bldg Room No If any _____ Street <u>485 WOODVIEW DR</u> City <u>EMERYVILLE</u> State <u>CA</u> ZIP Code + 4 <u>94607</u>	4 Name file number and address of labor organization Name <u>[REDACTED]</u> Labor Organization File Number <u>029-328</u> P O Box Building and Room Number If any _____ Street <u>1335 N HOLBURN</u> City <u>FRESNO</u> State <u>CA</u> ZIP Code + 4 <u>93728</u>
5 Position in labor organization <u>[REDACTED]</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <u>[REDACTED]</u> Trade Name if any <u>[REDACTED]</u> P O Box, Bldg Room No If any <u>[REDACTED]</u> Street <u>[REDACTED]</u> City <u>[REDACTED]</u> State <u>[REDACTED]</u> ZIP Code + 4 <u>[REDACTED]</u>	7 a Nature of Interest Transaction, or Income <u>[REDACTED]</u> 7.b. Amount. <u>Nothing in Sect A</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed [Signature]

On 3/24/06

Date

(408) 778-1553

Telephone Number

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Carpenters Training Council NCATrade Name if any CTCNCP O Box Bldg Room No if any 11131 1st StStreet 2350 Santa Rita AveCity PlacervilleState CA ZIP Code + 4 94566

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Carp Tng Council NCATrade Name if any Carpenters Training CouncilP O Box Bldg Room No if any 11131 1st StStreet 245 Highway 99 Ste 100City OaklandState CA ZIP Code + 4 94612

11 a Nature of such dealing

CTCNC provides opportunities
 for carpenters training in
 behalf of the Trust in Placerville

11 b Approximate dollar value of such dealing

126,953.36

12 a Nature of interest held or income received

Trust is an employer of CTCNC
 & CTCNC is a labor organization
 representing CTCNC

12 b Amount 126,953.36

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name N/ATrade Name if any N/AP O Box Bldg Room No if any N/AStreet N/ACity N/AState N/A ZIP Code + 4 N/A

14 a Nature of payment

Payment is made to CTCNC
 for the purpose of training
 carpenters in Placerville

14 b Amount of payment

126,953.3613 b Is the Business an Employer ☐ or Consultant ☐